**2016 Membership Application – Business / NFP**

Please fill out the following 2016 business membership application in full.

**The 2016 business membership is valid through January 31, 2017.**

**Business Membership Options:**

Check one:  **Business, 1-year – $200**  **Non-Profit, 1-year -- $100**

*Please note that only bolded information can appear in public listings:*
**Business Name(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_

**Business Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Fax** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Website** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Twitter Handle @\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Business Description** (max. 300 characters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Business Type(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Business Started \_\_\_\_\_\_\_\_\_ Number of Employees \_\_\_\_

***Note(s)****: Public listings consist of Business Name, Address, Phone, Fax and Website. It is organizational policy to keep private the names and personal contact information of members.*

**Please select a payment method:**

 *All applications (including payment) should be mailed to:****OTMRA, 1520 N. Wells – Lower Level, Chicago, IL 60610*** *or**faxed to* ***312-951-9427*** *or**emailed to* ***otmra@oldtownchicago.org***

**Check** (UMake payable toU: Old Town Merchants & Residents Association)
**PayPal Online** (VisitU [www.oldtownchicago.org/membership](http://www.oldtownchicago.org/membership) to pay online)
**Credit Card** (you MUST fill out all the information below):  
Name (on card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_/\_\_\_\_\_ CCID (code on back of card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1520 N. Wells – Lower Level, Chicago, IL 60610 • 312-951-6106(p) • 312-951-9427(f) • otmra@oldtownchicago.org**